

Please send your completed form back by one of the following methods:
Email: info@bankfirst.com.au

Email: info@bankfirst.com.au Mail: Bank First Reply Paid 338 Camberwell VIC 3124

A. Member Details				
Member Number	Full Name/s			
B. Contact Details				
Residential Address		State	Postcode	
Postal Address		State	Postcode	
(if different from above)  Email Address				
Telephone: Home	Work	Mobile		
C. Authorised Payment	_			
New Regular Authorised Payment	Amendment to Existing Regular Auth	orised Payment		
D. Internal Debit From Bank First Account				
Account Type S1 S2 S9 Other	er	Amount \$		
(please tick / state applicable account)  Payment Frequency Weekly Fortnightly	Monthly Quarterly One	-off		
(please tick applicable frequency)				
Commencement Date	Until		Or Until Further Notice	
E. Internal Credit For Bank First Account/s Only				
Member Number	Account Title			
Account Type: S1 S2 S9 Other Or Loan Type: (please tick / state applicable account)				
It is your responsibility to ensure that you carefully check that the BSB and account number you have provided is correct.  Bank First does not validate the account name against the account number so the funds may be credited to the account of an unintended recipient if the BSB or account number do not belong to the named recipient.  If funds are credited to an unintended recipient due to you providing an incorrect BSB or account number it may not be possible to recover the funds.  A payment that is returned may incur a payment return fee.				
F. External Credit – Other Payee / Financia	Institution			
Electronically (must provide BSB)				
Payee / Account Name		There is a 24 hour processing time in		
BSB Number Account Number			crediting funds electronically to accounts held with other financial institutions.	
Lodgement Reference:		(Non-Cha	rgeable Transactions)	
By BPAY (must provide Biller Code and Reference	ce Number)			
Biller Code			Please read the Terms and Conditions for BPAY.  (Non-Chargeable Transactions)	
Reference Number				
Lodgement Reference (office use only)			·	

G. Declaration				
or additions made to	s on this form to be true, and apply for this product/service in accordance with all terms & cor them) as detailed in the Terms and Conditions. When applying for this service the terms and c ad in conjunction with the terms and conditions of cheque payments, electronic transfers and	conditions of regular authorised		
Signature	Date			
Signature	Date			
Refer to the Financial Services Guide (FSG) and Terms and Conditions brochures available at our branches, on our website <b>bankfirst.com.au</b> or by contacting us on <b>1300 654 822</b> . These documents should be considered before acquiring a product.				
Office Use Only				
Authority Number		Date		
Authority Number		Date		